

Child and Adolescent Prevention Flow Sheet

Name:	DOB:	M/F	Ethnicity:
Allergies:			

Date: _____ MR#: _____ Old Records: _____

Medications: _____

Smoker: Y/N Environmental Tobacco Smoke: Y/N

History Review	Frequency	Date/Results	Date/Results	Date/Results	Date/Results
<ul style="list-style-type: none"> • Health History • Mental Development • Physical Development • Physical Exam 	1st 15 months (>6 visits) 3rd, 4th, 5th and 6th years old 12 – 21 years old				
Screening Test/Exam	Frequency	Date/Results	Date/Results	Date/Results	Date/Results
*BMI Percentile	Annually				
Height/Weight					
Blood Pressure					
Vision	At 3–4 yrs				
PKU / Sickle Cell Hemoglobinopathies Results in chart	Newborn				
Hypothyroidism	Newborn				
At Risk	Frequency	Date/Age	Date/Age	Date/Age	Date/Age
Hearing					
Anemia					
Cholesterol					
*Lead	12 mos				
Tuberculin Skin					
HIV Test					
Sexually-Active Females	Frequency	Date/Age	Date/Age	Date/Age	Date/Age
*Chlamydia Screen					
Pap & HPV Test	Every 3 yrs, if normal Pap x3 yrs				
Syphilis & HIV Test	If pregnant or at risk				
Education	Topic	Date/Age	Date/Age	Date/Age	Date/Age
*Physical Activity	Regular exercise 30 min. per day				
*Nutrition & Weight	Calcium / Diabetes Screen ages 10-45, every 2 years if overweight				
*Substance Abuse	Tobacco / Alcohol / Drugs				
*Sexual Protection	Unintended Pregnancy / STDs / HIV				
*Safety	Car Seat & Seatbelt / Sun Exposure / Helmets / Guns / Smoke Alarms / Poison				
*Dental Care	Regular Flossing / Fluoride Toothpaste				
Multi-vitamin w/Folic Acid	Females				
Referrals (as indicated)	Date	Result			
Hearing Exam					
Dental Exam					
Mental Health Counseling					
Substance Abuse Counseling					

***HEDIS® Requirement** – HEDIS® is a registered trademark of the National Committee for Quality Assurance. Quality reviews are performed annually on randomly selected patients. Keeping this form updated will reduce the need for excess medical record copying during the HEDIS Medical Record Review.

*Anticipatory Guidelines completed at well-care visits? Note: Screening tests/exams and counseling based on U.S. Preventive Services Task Force recommendations. HIV = Human Immunodeficiency Virus; STD = Sexually Transmitted Disease

Form adapted from the Child and Adolescent Preventive Care Flow Sheet, *A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach*. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Rockville, MD, 2001. AHRQ Pub. No. APPI01-0001.